

Attachment A - Bivens Complaint form

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Daphne E. McFadden

#61863-037

(Enter above the full name of the plaintiff
or plaintiffs in this action)

(Inmate Reg. # of each Plaintiff)

v.

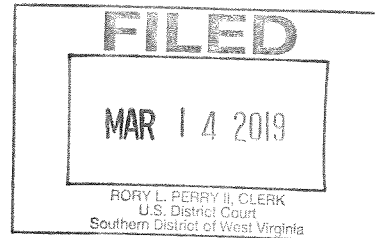
CIVIL ACTION NO. TAT-MXR-2018-06244
(Number to be assigned by Court)

1:19-CV-00181

Alderson Federal Prison for Women

(Enter above the full name of the defendant
or defendants in this action)

Defendant(s).



COMPLAINT

I. Parties

A. Name of Plaintiff: Daphne E. McFadden

Inmate No.: #61863-037

Address: Carswell FMC

P.O. Box 27137 Fort Worth TX 76127

- B. Additional Plaintiff(s) (provide the same information for each plaintiff as listed in Item A above).

Name of Plaintiff: Daphne E. McFadden

Inmate No.: # 61863-037

Address: Carswell FMC

P.O. Box 27137 Fort Worth TX. 76127

Name of Plaintiff: _____

Inmate No.: _____

Address: _____

- C. Name of Defendant: Alderson Federal Prison for Women

Position: Kitchen Officer CDR

Place of Employment: Alderson's Prison Camp

- D. Additional Defendant(s) (provide the same information for each defendant as listed in Item C above):

Name of Defendant: Alderson Federal Prison for Women

Position: Kitchen CDR

Place of Employment: Alderson Prison Camp

Name of Defendant: _____

Position: _____

Place of Employment: _____

II. Place of Present Confinement

Name of Prison/Institution: Carswell FMC

A. Is this where the events concerning your complaint took place?

Yes _____ No ✓

If you answered "no," where did the events occur? Alderson

Prison Camp for Women

B. Is there a prisoner grievance procedure in this institution?

Yes ✓ No ✓

C. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ✓ No ✓

If you answered "no," explain why not: Medical Call me over

and asked me to Withdraw Pendency due to Appointment

If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): _____

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?

Yes _____ No ✓

B. If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to the previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

On 6-4-2018 myself and inmate Lecella Montgomery #31829-171 was eating breakfast around 7:40 am at CDR and one of the kitchen workers asked us to move our feet, so that she could pull the rug from under floor that we were sitting at. She was sitting across from us. By the worker pulling the rug it caused the table to flip myself and other inmate on the floor. Medical came but that didn't continue follow up treatment in this matter.

V. Relief

State briefly and exactly what you want the Court to do for you. Make no legal arguments.
Cite no cases or statutes.

Respectfully Requesting a Reconsideration
and Review in this matter.

Signed this 10 day of March, 20 19.

Daphne McFadden

#61863-037

Daphne McFadden
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 10 2019.
(Date)

Daphne McFadden
Signature of Plaintiff



U.S. Department of Justice

Federal Bureau of Prisons

Beckley Consolidated Legal Center

1600 Industrial Park Road, P.O. Box 1280
Beaver, West Virginia 25813

10/18/18
September 19, 2018

DS1

Daphne McFadden
Register No. 61863-037
CARSWELL FMC
P.O. BOX 27137
FORT WORTH, TX 76127

Re: Administrative Claim Number TRT-MXR-2018-06244

Dear Ms. McFadden:

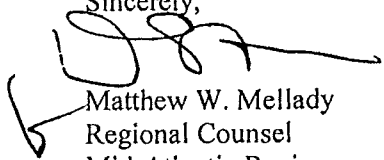
Your administrative claim filed with the Bureau of Prisons under the Federal Tort Claims Act, 28 U.S.C. § 2671, et seq., has been considered for administrative settlement. You claim government liability in the amount of \$25,000.00. Specifically, you allege you were sitting at a table in the Food Service area when an inmate worker pulled a mat from underneath your table. Your table flipped up throwing you in the air. You state you landed on the concrete floor injuring your left leg and arm and your right hand.

An investigation into your claim failed to reveal that you suffered a compensable personal injury due to the negligence of any Bureau of Prisons (BOP) employee. Upon investigation of this claim, it was determined the table did flip over causing you to fall to the floor. However, you and another inmate were sitting side-by-side at the table, at which time both of you simultaneously lifted your feet thereby throwing the center of gravity off, causing it to overturn. The table did not overturn due to an inmate pulling a rug from under the table. The Safety Manager inspected the table and observed no abnormalities.

Furthermore, your medical records were reviewed and indicate you were transported to Health Services and examined. No injuries were found. The investigation concluded there is no evidence to support your allegation that staff acted in a negligent manner.

Based on the above information, your claim is denied. If you are not satisfied with our determination in this matter, you may file suit in the appropriate U.S. District Court not later than six months after the date of this letter.

Sincerely,


Matthew W. Mellady
Regional Counsel
Mid-Atlantic Region

61863-037
Daphne McJadden
#61863037
Federal Medical Center Carewall
P.O. Box 27137
FORT Worth, TX 76127
United States

61863-037
Robert C. Byrd
United States Courthouse
110 North Weber Street
Beckley, WV 25801
United States

